

Medicare_{Rx}
Prescription Drug Coverage

Stand-Alone Prescription Drug Plans

1-800-MEDICARE
TTY 1-877-486-2048
www.medicare.gov



Alaska 2007 Medicare Part D Stand-Alone Prescription Drug Plans

Data as of September 12, 2006. Includes all contracts/plans regardless of 2007 approval status. Employer sponsored plans (800 series) are excluded.

Company Name	Plan Name (and ID Numbers)	Benefit Type	\$0 Premium with Full Low-Income Subsidy?	Offers Variable Co-payments	Monthly Drug Premium	Annual Drug Deductible	Type of Extra Coverage Offered in the Gap
Aetna Medicare	Aetna Medicare Rx Essentials (S5810-068)	Basic	•	•	\$28.40	\$200	
	Aetna Medicare Rx Plus (S5810-170)	Enhanced		•	\$42.80	\$0	
	Aetna Medicare Rx Premier (S5810-204)	Enhanced		•	\$72.20	\$0	Generics
CIGNA HealthCare	CIGNATURE Rx Value Plan (S5617-168)	Basic	•	•	\$24.90	\$265	
	CIGNATURE Rx Plus Plan (S5617-170)	Enhanced		•	\$33.60	\$0	
	CIGNATURE Rx Complete Plan (S5617-204)	Enhanced		•	\$44.80	\$0	Generics
Coventry AdvantraRx	AdvantraRx Value (S5674-068)	Enhanced		•	\$26.70	\$0	
	AdvantraRx Premier (S5674-069)	Basic		•	\$38.30	\$0	
	AdvantraRx Premier Plus (S5674-071)	Enhanced		•	\$50.40	\$0	Generics
EnvisionRx Plus	EnvisionRxPlus Standard (S7694-034)	Basic			\$48.00	\$265	
	EnvisionRxPlus Gold (S7694-068)	Enhanced		•	\$77.00	\$0	Generics
First Health Part D	First Health Select (S5768-081)	Basic		•	\$39.40	\$0	
Health Net	Health Net Orange Option 1 (S5678-068)	Basic	•	•	\$28.20	\$265	
	Health Net Orange Option 2 (S5678-067)	Basic	•	•	\$31.20	\$0	
	Health Net Orange Option 3 (S5678-103)	Enhanced		•	\$42.90	\$0	Generics
HealthSpring Prescription Drug Plan	HealthSpring Prescription Drug Plan-Reg 34 (S5932-033)	Basic	•		\$21.30	\$265	
Humana Insurance Company	Humana PDP Standard S5884-094 (S5884-094)	Basic	•		\$11.70	\$265	
	Humana PDP Enhanced S5884-097 (S5884-097)	Enhanced		•	\$24.60	\$0	
	Humana PDP Complete S5884-100 (S5884-100)	Enhanced		•	\$77.30	\$0	Generics
Medco YOURx PLAN	Medco YOURx PLAN (S5660-034)	Basic		•	\$37.40	\$100	
MEMBERHEALTH	Community Care Rx BASIC (S5803-103)	Basic		•	\$34.30	\$265	
	Community Care Rx CHOICE (S5803-171)	Enhanced		•	\$42.40	\$0	
	Community Care Rx GOLD (S5803-251)	Enhanced		•	\$52.00	\$0	Generics
NMHC Group Solutions	NMHC Medicare PDP Gold (S8841-034)	Basic	•	•	\$32.40	\$0	
RxAmerica	Advantage Star Plan by RxAmerica (S5644-201)	Basic	•	•	\$28.80	\$265	
	Advantage Freedom Plan by RxAmerica (S5644-187)	Basic		•	\$33.80	\$265	
SAMAScript	SAMAScript (S7950-034)	Basic			\$54.20	\$265	
SilverScript	SilverScript (S5601-068)	Basic	•	•	\$26.00	\$265	
	SilverScript Plus (S5601-069)	Enhanced		•	\$35.60	\$0	
	SilverScript Complete (S5601-105)	Enhanced		•	\$40.70	\$0	Generics
Sterling Prescription Drug Plan	Sterling Rx (S4802-032)	Basic	•	•	\$32.50	\$100	
	Sterling Rx Plus (S4802-066)	Enhanced		•	\$54.70	\$100	Generics
Unicare	MedicareRx Rewards Value (S5960-034)	Basic	•	•	\$32.00	\$265	
	MedicareRx Rewards Plus (S5960-070)	Enhanced		•	\$39.00	\$0	
	MedicareRx Rewards Premier (S5960-104)	Enhanced		•	\$54.30	\$0	Generics
United American Insurance Company	UA Medicare Part D Rx Covg - Silver Plan (S5755-072)	Basic			\$37.30	\$265	
	UA Medicare Part D Prescription Drug Cov (S5755-039)	Enhanced		•	\$47.30	\$0	

Alaska 2007 Medicare Part D Stand-Alone Prescription Drug Plans

Data as of September 12, 2006. Includes all contracts/plans regardless of 2007 approval status. Employer sponsored plans (800 series) are excluded.

Company Name	Plan Name (and ID Numbers)	Benefit Type	\$0 Premium with Full Low- Income Subsidy?	Offers Variable Co- payments	Monthly Drug Premium	Annual Drug Deductible	Type of Extra Coverage Offered in the Gap
UnitedHealthcare	AARP MedicareRx Plan - Saver (S5921-011)	Basic	•	•	\$22.30	\$265	
	AARP MedicareRx Plan (S5820-033)	Basic	•	•	\$26.80	\$0	
	UnitedHealth Rx Basic (S5921-012)	Basic	•	•	\$28.50	\$0	
	UnitedHealth Rx Extended (S5820-137)	Enhanced		•	\$41.60	\$0	
	AARP MedicareRx Plan - Enhanced (S5921-013)	Enhanced		•	\$44.00	\$0	Generics
WellCare	WellCare Classic (S5967-171)	Basic	•	•	\$29.40	\$265	
	WellCare Signature (S5967-068)	Basic		•	\$36.30	\$0	
	WellCare Complete (S5967-103)	Enhanced		•	\$58.40	\$0	Generics